

INVESTIGATION OF DENGUE DEATH

DEMOGRAPHICS

Name:

IC:

Age:

Sex:

Race:

Name of Hospital:

Dengue at-risk area ☐ No ☐ Yes

Death location ☐ A&E ☐ Ward ☐ HDU ☐ ICU

First health care contact

First visit to healthcare facilities

Date:

Time:

Hospital Admission via

Date of Registration A&E:

Time:

Time seen by doctor:

Seen by:

First reviewed by Specialist:

Date:

Time:

Admission to ward/ ICU/ HDU

Date of Admission:

Time:

Time seen by doctor:

Seen by: ☐ Houseman

☐ Medical Officer

Severity Of Illness On Admission

Date of onset of fever:

Body weight (kg):

Height (cm):

BMI:

Warning Signs (Tick v where appropriate):

- ☐ Abdominal pains and tenderness
- ☐ Persistent vomiting
- ☐ Clinical fluid accumulation
- ☐ Mucosal bleed
- ☐ Lethargy, restlessness
- ☐ Liver enlargement > 2cm
- ☐ Laboratory: increase in HCT concurrent with rapid decrease in platelet count

Initial Diagnosis at A&E / OPD:

- ☐ Dengue without warning signs
- ☐ Dengue with warning signs
- ☐ Severe Dengue
- ☐ Others (please specify):

DENGUE DIAGNOSTIC RESULTS

NS1 Ag reactive:

Dengue IgM reactive:

Date:

Dengue IgG reactive:

Date:

**CRITERIA FOR SEVERE DENGUE:

(Tick **✓** where appropriate)

Severe plasma leakage

☐ Shock (DSS)

☐ Fluid accumulation with respiratory distress

☐ Severe bleeding (as evaluated by clinician)

Specify

Severe organ involvement

☐ Liver

Specify

☐ CNS

Specify

☐ Heart and other organs

Specify

☐ Other organs

Specify

Co morbid conditions

☐ Immunocompromised (e.g. Leukemia / HIV Positive / Patient on steroid / Chemotherapy)

☐ Renal Failure

☐ Obesity (based on BMI (adult) or NCHS chart [children])

☐ Pregnancy

☐ Heart Ailments

☐ Others (specify)

Comment:

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DEATH

Date of Death:

Time:

Immediate cause of death:

☐ Dengue Shock Syndrome

☐ Severe Bleeding

Specify

☐ End / Multi-organ failure

Specify

☐ Others

Specify

Comment:

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